

Kentucky Department for Environmental Protection
Division of Waste Management
Underground Storage Tank Branch
300 Sower Boulevard – Frankfort KY 40601
(502) 564-5981

FOR OFFICIAL USE ONLY –
DO NOT WRITE IN THIS SPACE

DRAFT

UST Vapor Intrusion Building Assessment Checklist

Date Form Completed	/ /		
1. UST Facility Information			
Agency Interest Number (AI)			
UST Facility Name			
UST Facility Physical Address	Street Address:		
	City:	County:	Zip Code: -
UST Facility Location (Coordinates)	Latitude:	Longitude:	
2. UST System Owner Information			
UST System Owner Name			
UST System Owner Mailing Address	Street Address:		
	City:	State:	Zip Code: -
UST System Owner Contact Information	Phone: () -	Alternate Phone: () -	
	Email:		
3. Building Owner Information			
Building Owner Name			
Building Owner Mailing Address	Street Address:		
	City:	State:	Zip Code: -
Building Owner Contact Information	Phone: () -	Alternate Phone: () -	
	Email:		
4. Occupant Information			
Occupant Name			
Occupant Mailing Address	Street Address:		
	City:	State:	Zip Code: -
Occupant Contact Information	Phone: () -	Alternate Phone: () -	
	Email:		
5. Consultant Information			
Company Name			
Company Mailing Address	Street Address:		
	City:	State:	Zip Code: -
Company Contact Information	Project Manager:		
	Phone: () -	Alternate Phone: () -	
	Email:		


AI _____

6. Release Details														
Release/Incident Numbers and Dates	1. _____	2. _____												
7. Property Use														
Which best describes the building use?	<input type="checkbox"/> Single family residential <input type="checkbox"/> Multi-family residential <input type="checkbox"/> Residential and commercial <input type="checkbox"/> Commercial <input type="checkbox"/> Other (specify): _____													
Are tobacco products used inside the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No Average number of cigarettes smoked inside building a day? <input type="checkbox"/> < 1 pack <input type="checkbox"/> 1-3 packs <input type="checkbox"/> > 3 packs													
For residential use	Number of person(s) living at residence: _____ List each person(s) age / gender below: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>													
For commercial use	Type of business: _____ Time of day / night building is occupied: _____													
8. Building Construction and Details (check all that apply)														
Foundation	<input type="checkbox"/> Slab on grade <input type="checkbox"/> Basement below grade <input type="checkbox"/> Basement below grade / walkout entry <input type="checkbox"/> Cracked foundation <input type="checkbox"/> Other (specify): _____													
Construction	<input type="checkbox"/> Frame <input type="checkbox"/> Single story above ground <input type="checkbox"/> Mobile home with fixed foundation <input type="checkbox"/> Masonry <input type="checkbox"/> Two stories above ground <input type="checkbox"/> Earth berm (no full story above ground) <input type="checkbox"/> Metal <input type="checkbox"/> More than three stories above ground <input type="checkbox"/> Elevator shaft present <input type="checkbox"/> Modular													
Garage / Outbuilding	<input type="checkbox"/> None <input type="checkbox"/> Detached <input type="checkbox"/> Attached Used for (select all that apply): <input type="checkbox"/> Vehicle parking <input type="checkbox"/> Fuel storage <input type="checkbox"/> Gas powered equipment storage													
Basement	<input type="checkbox"/> Cinder block <input type="checkbox"/> Dry stone <input type="checkbox"/> Stone & mortar <input type="checkbox"/> Poured concrete <input type="checkbox"/> Excessive wall cracking <input type="checkbox"/> Evidence of water intrusion <input type="checkbox"/> Petroleum odor													
Basement floor	<input type="checkbox"/> Dirt or gravel <input type="checkbox"/> Stone (natural or laid) <input type="checkbox"/> Concrete <input type="checkbox"/> Floor drains <input type="checkbox"/> Sump / sump pump <input type="checkbox"/> Water in sump <input type="checkbox"/> Excessive cracking in concrete floor													
Utilities	<input type="checkbox"/> Municipal Water <input type="checkbox"/> Private well or cistern (in use) <input type="checkbox"/> Private well or cistern (not in use) <input type="checkbox"/> Municipal sewer <input type="checkbox"/> Septic (in use) <input type="checkbox"/> Septic (not in use) <input type="checkbox"/> Private wastewater treatment <input type="checkbox"/> Natural gas cooking stove or water heater (in use)													
Heating	<input type="checkbox"/> Central furnace with ducts <input type="checkbox"/> Electric or solar <input type="checkbox"/> Natural gas <input type="checkbox"/> Kerosene or heating oil <input type="checkbox"/> Floor-wall/pipeless furnace <input type="checkbox"/> Propane <input type="checkbox"/> Coal <input type="checkbox"/> Geothermal <input type="checkbox"/> Steam/hot water <input type="checkbox"/> Fireplace/wood burning stove <input type="checkbox"/> Gas fireplace fuel (specify fuel type): _____													
Cooling and ventilation	<input type="checkbox"/> Central air <input type="checkbox"/> Individual window unit(s) <input type="checkbox"/> Mechanical fans (attic fan) <input type="checkbox"/> Kitchen range hood fan (vents outside) <input type="checkbox"/> Bathroom ventilation fan (vents outside)													
For all heat and air systems	<input type="checkbox"/> Recirculate indoor air <input type="checkbox"/> Supply fresh air <input type="checkbox"/> Unknown													
9. Report Certification														
<input type="checkbox"/> Check here if the person completing the form is the same as the P.E. or P.G. named below.														
Name of Person Completing Form	<input style="width: 100%;" type="text"/>													
Email	<input style="width: 100%;" type="text"/>	Phone Number	<input style="width: 100%;" type="text"/> () -											
Under the requirements of KRS Chapter 322 and 322A, this checklist and attached report shall be completed and signed by a P.E. licensed with the Kentucky Board of Licensure for Professional Engineers and Land Surveyors or a P.G. registered with the Kentucky Board of Registration for Professional Geologists.														

AI _____

Report Certification (continued from Section 9)

I, the undersigned, under penalty of law, and in accordance with the provisions of KRS Chapter 322 or KRS Chapter 322A, as appropriate, hereby certify the submitted information, including all attached documents, is true, accurate and complete. KRS 224.99-010(4) provides for penalties for submitting false information, including the possibility of fine and imprisonment.

Printed		Title	
Signature		Date	/ /
<input type="checkbox"/> Professional Engineer	 SEAL	<input type="checkbox"/> Professional Geologist	
KY License Number		KY Registration Number	
License Date		Registration Date	

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email DEP.KORA@ky.gov.